

COMMONWEALTH OF KENTUCKY
NATURAL RESOURCES AND ENVIRONMENTAL
PROTECTION CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT
14 REILLY ROAD
FRANKFORT, KY 40601

CERTIFICATE OF INSURANCE FOR CLOSURE OR CLOSURE CARE

Name and address of insurer (herein called the "insurer"): _____.

Name and address of the insured (herein called the "insured"): _____.

Facilities covered: _____
[list for each facility: name, address, county in which the facility is located, permit number, and the amount of insurance

for closure and/or the amount of insurance for closure care (these amounts for all facilities covered must total the face amount shown below).]

Face Amount: \$ _____
Policy Number: _____
Effective date: _____

The insurer hereby certifies that it has issued to the insured the policy of insurance identified above to provide financial assurance for _____

(insert "closure" or "closure and closure care" or "closure care")

for the facilities identified above. The insurer further warrants that such policy conforms in all respects with the requirements of Section 13 of 401 KAR 48:310, as applicable, as such regulation was constituted on the date shown immediately below. It is agreed that any provision of the policy inconsistent with such regulations is hereby amended to eliminate such inconsistency.

Whenever requested by the Natural Resources and Environmental Protection Cabinet, the insurer agrees to furnish to the Cabinet a duplicate original of the policy listed above, including all endorsements thereon.

I hereby certify that the wording of this certificate is identical to the wording specified on form DEP _____ (1994).

(Authorized signature for insurer)

(Name of person signing)

(Title of person signing)

Signature of witness or notary:

(Date)